



SICK LEAVE BANK APPLICATION

INSTRUCTIONS & IMPORTANT STEPS FOR ALL APPLICANTS:

- Must submit the FMLA form directly to DCPS for Approval.
- Must complete a WTU Sick Leave application and attach an approved FMLA form from DCPS.
- Must be enrolled in the Sick Leave Bank for at least 3 months prior to your application being submitted. (Must have selected the Sick Leave Bank during the WTU Dental and Vision open enrollment in August of every school year via the online WTU BSwift benefits website).
- Must have donated one day of your annual 12 days of sick leave granted each year into the Sick Leave Bank via DCPS payroll deduction.
- Must request to take Sick Leave during the school year and not during holidays and/or summer breaks.
- Must submit a doctor's notice on letterhead specifying the time needed for recovery.
- Must have a signed approval by your physician/doctor on the WTU application and FMLA form.
- Must request no less than 5 days and no more than 30 days of leave.
- Must fax completed leave application to: 202-517-0673 OR email to:

info@wtulocal6.net OR mail to:

**WTU Membership Services Department
1239 Pennsylvania Ave SE
Washington, D.C. 20003**

PLEASE ALLOW FOR THE NORMAL PROCESSING TIME OF 15 BUSINESS DAYS.



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Part I – THIS SECTION TO BE COMPLETED BY APPLICANT

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ SSN: _____ DCPS ID: _____

Email Address: _____

Attending Physician/Doctor and phone: _____

School: _____ Years of service at DCPS: _____

I request a grant of _____ days from the Sick Leave Bank. (You MUST request no less than 5 days)

Leave Start Date: _____ Leave End Date: _____

Employee Signature: _____ Date: _____

Part II – THIS SECTION TO BE COMPLETED BY PHYSICIAN/ADOPTION AGENCY

Duration of Time Needed for Recovery (self/newborn/adopted child): _____

Physician/Doctor Signature: _____ Date: _____

Physician Phone Address and Number: _____

Part III – THIS SECTION TO BE COMPLETED BY LEAVE BANK ADMINISTRATOR ONLY

Current Request: _____ APPROVED _____ DISAPPROVED

Leave Start Date: _____ Leave End Date: _____

Disapproved Reason: _____

Authorized Signature: _____ Date: _____